



Training health cadres to response the COVID-19 pandemic in Pujon Kidul Village Malang Regency

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ARTICLE INFO	ABSTRACT
<p>Article history Received: 2021-08-12 Revised: 2021-10-04 Accepted: 2021-10-26 Published: 2021-10-29</p> <p>Keywords Online training Handling and preventing COVID-19 Health cadres</p>	<p><i>Training of health cadres on the prevention and control of Covid-19 is an important and strategic effort. Health cadres who have been trained can participate in screening suspected or suspected cases and can help carry out quarantine or self-isolation or immediately direct them to a hospital if they are suspected of being infected with Covid-19. The purpose of this community service is to increase the knowledge of health cadres related to the control and prevention of Covid-19 in Pujon Kidul Village using an online platform with YouTube videos. good use of media with a maximum combination of modules and videos in providing knowledge to participants. While the weakness is the accuracy and honesty of participants in filling out the questionnaire between before and after the training. Our online training model cannot control the existing situation and conditions, including during the evaluation. Suggestion: online model training needs to be strengthened by the village government by providing online media at the village hall so that it can be accessed by the entire structure of the Covid-19 task force team at the village level</i></p>
<p>Kata kunci Pelatihan daring Pengendalian dan pencegahan COVID-19 Kader kesehatan</p> <div data-bbox="263 1512 391 1635"></div> <div data-bbox="167 1646 470 1713"></div>	<p>Pelatihan kader kesehatan dalam penanggulangan pandemi COVID-19 di Desa Pujon Kidul Kabupaten Malang. Pelatihan kader kesehatan tentang pencegahan dan pengendalian Covid-19 merupakan upaya yang penting dan strategis. Kader kesehatan yang telah dilatih dapat berpartisipasi dalam skrining kasus yang dicurigai atau diduga dan dapat membantu pelaksanaan karantina atau isolasi mandiri atau segera mengarahkan ke rumah sakit bila dicuigai terinfeksi Covid-19. Tujuan dari pengabdian masyarakat ini adalah meningkatkan pengetahuan kader kesehatan terkait dengan pengendalian dan pencegahan Covid-19 di Desa Pujon Kidul menggunakan platform daring dengan video YouTube. penggunaan media yang baik dengan kombinasi modul dan video maksimal dalam memberikan pengetahuan pada peserta. Sedangkan kelemahannya adalah akurasi dan kejujuran peserta dalam mengisi kuesioner antara sebelum dan sesudah pelatihan. model pelatihan daring kita tidak bisa mengontrol situasi dan kondisi yang ada, termasuk pada saat melakukan evaluasi. Saran: pelatihan model daring perlu diperkuat oleh pemerintah desa dengan menyediakan media daring di balai desa sehingga bisa diakses oleh seluruh struktur tim satgas Covid-19 ditingkat desa.</p> <p style="text-align: right;">Copyright © 2021, Prasetyo et al This is an open access article under the CC-BY-SA license</p> <div data-bbox="1133 1635 1316 1702"></div>

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INTRODUCTION

Training of health cadres on the prevention and control of COVID-19 is an important and strategic effort. Health cadres who have been trained can participate in screening the ones who are suspected or questionable to have the cases, thus they can help carry out quarantine or self-isolation or immediately direct the suspect person to a hospital if they are

suspected of being infected with COVID-19. Health cadres can urge people to stay at home. An important measure to protect the public from exposure to infection is to encourage them staying indoors (Qian et al., 2020). Meanwhile, at the same time, health workers such as nurses and doctors are working hard in hospitals to treat COVID-19 patients.

Corona Virus (COVID-19) has become a worldwide pandemic. Every country is facing a threat from this virus. The number of confirmed cases in the world reported as of November 19, 2020 was 55,928,327 and 1,334,003 cases of death (WHO, 2020) while in Indonesia 488,310 confirmed cases included: 62,080 in treatment (12.7% of confirmed cases), 410,552 cases recovered (84.1% of confirmed cases), 15,678 cases died (3.2% of confirmed cases) (Gugus Tugas Percepatan Penanganan COVID-19, 2020).

The urgency of this community service lays on the need to control the transmission of COVID-19 by carrying out promotive, preventive, curative, and rehabilitative efforts. The important role of health cadres is to socialize clean and healthy living behavior during the pandemic. Training of health cadres in preventing and controlling COVID-19 in Indonesia is rarely carried out. The results of community service published in 2020 show that there were no any cadre training related to the prevention and control of COVID-19. Previous community services that provided training to health cadres included: posyandu management (Angelina et al., 2020), diabetes mellitus prevention (Hendrawan, 2020), posyandu financial management (Hiswati & Sapariyah, 2020), adolescent health (Veftisia et al., 2020), basic life support training (Maulidta K W1, Dyah R P1, 2020). This is what distinguishes the community service carried out by the aforementioned authors, it is by providing training for health cadres related to the prevention and control of COVID-19. The purpose of this community service is to increase the knowledge of health cadres related to the control and prevention of COVID-19 in Pujon Kidul Village using an online platform with YouTube videos.

METHOD

Problem solving framework

The initial development of this community service program was designed to strengthen the health sector in Pujon Kidul Village in regards to the many visits from outside the region to Pujon Kidul village. Pujon Kidul Village, Pujon District, Malang Regency is one of the most developed villages in the field of economic empowerment and village development with tourism managed independently by the village. Existing tourism is an attraction for tourists to visit this village. According to a report from the Head of Pujon Kidul Village, there are no less than 2000 visitors on weekdays and on weekends is up to 6000 visitors. The increase in tourist visits, of course, needs to be anticipated regarding the health status of the local community of Pujon Kidul Village and also the tourists. The spread of disease due to environmental factors and poor health behavior is a typical problem that needs to be anticipated with preventive and promotive measures in tourist areas such as Pujon Kidul Village.

Furthermore, the problem-solving framework at the beginning of this community service program is designed to change in concerns to the COVID-19 pandemic progress in Indonesia in March 2020. The changes made by the service team, which initially focused on empowerment in the health sector for the prevention of infectious diseases as an impact of tourist villages turned into how the Pujon Kidul Village is facing the COVID-19 pandemic. The COVID-19 pandemic has greatly impacted the daily lives of the people of Pujon Kidul Village. The impact in the health sector is fear and confusion to face the COVID-19 pandemic. Taking concern on this condition, the community service team focused on assisting the health cadres by providing training to carry out efforts to control and prevent the COVID-19.

Realization of problem solving

Realization of problem solving is by providing training to health cadres in Pujon Kidul Village using online methods. The training management process used an input-process-output approach. The indicators for input include: determination of training participants appointed by the Pujon Kidul Village government, training equipment, training books/modules, training media (video uploaded on YouTube). The indicators for process include: providing training using an online method, it was by sharing a video link that had been uploaded on YouTube, providing comments on questions from training participants in the YouTube chat room. The indicator for output is an increase in the ability of the health cadres of Pujon Kidul Village in dealing with the COVID-19 pandemic.

Target audience

The target audience of this community service program is the health cadres of Pujon Kidul Village. The criteria for health cadres include: having experience being a health cadre for toddlers or the elderly, being active in community activities, having communication facilities such as mobile phones, internet networks, willing to participate in online training, being appointed by the village government.

Method used

The method used was training with an online platform. The online platform used was videos uploaded on YouTube. Furthermore, training participants were given a video link. Feedback from viewing videos in the form of questions and discussions was done using the YouTube chat room.

RESULTS AND DISCUSSION

Participants of COVID-19 prevention and control training

This online platform training was attended by 10 health cadres. Recruitment was carried out in coordination with the Village Head as the head of the driving force for Family Welfare Development (PKK). Health cadres were selected according to the following criteria: active cadres, having a communication device (mobile phone), and were recommended by the head of the PKK Pujon Kidul Village. Demographic characteristics of health cadre include: age, education, experience, and occupation can be seen in Table 1.

Table 1. The characteristics of health cadre (N=10)

Characteristics	n	%
Age (mean/SD)	41,2/11,6	
Experience (mean/SD)	13,8/9,7	
Education		
SD	1	10
SMP	4	40
SMA	3	30
PT	2	20
Occupation		
Working	5	50
Not working	5	50

From Table 1 it can be seen that the average age of the health cadres is 41.2 years with experience as a health cadre for 13.8 years. The highest level of education is junior high school (40%). The work of the health cadre was divided into the same two groups, namely working (50%) and not working (50%). This shows that health cadres are in productive age and have good experience being a health cadre.

Online training through YouTube video platform

The training materials consists of five materials including: communication management to deal with the COVID-19 pandemic, prevention and control of COVID-19, village preparedness in dealing with COVID-19, community empowerment during the COVID-19 pandemic, and spiritual approaches during the COVID-19 pandemic (Table2). This training material is presented in the form of videos and module books. All videos above can be seen on this channel link <https://www.YouTube.com/channel/UCpF7KQycZY7gjrEiZK0th1A> (Figure 1).

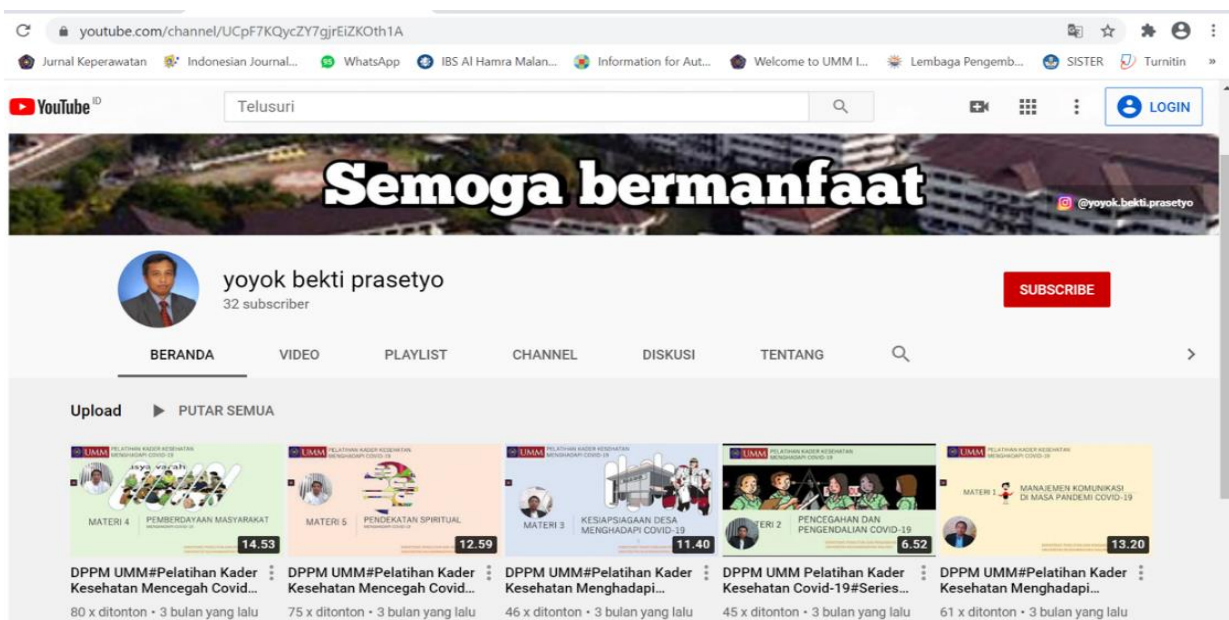


Figure 1. Video material on training health cadre in Pujon Kidul Village

Furthermore, to see the effectiveness of the usefulness of online training with YouTube video platform, an analysis can be carried out using YouTube Studio. The analysis was carried out at an interval of 19 August 2020 since the video was first published until 18 November 2020. The results of the analysis can be seen in Table 2. From Table 2, it can be seen that the total number of training videos watched from 19 August–18 November 2020 (92 days) 307 times. The highest percentage of videos with the title of community empowerment is 26%. The highest training participant comments on videos related

to communication management facing the COVID-19 pandemic were 15 comments (48.4%). The comments submitted by the training participants included questions related to the theme of the training material. The weakness of training with the online method of viewing videos is the certainty of participants seeing the complete video presented from beginning to end. This can lead to missing messages delivered in video.

Table 2. Analysis on training videos under the variables of watched frequency and number of comments

Title of videos	Watched Frequency		Comments	
	n	%	n	%
Material 1: Communication management facing COVID-19 pandemic	61	19.9	15	48.4
Material 2: Preventing and controlling COVID-19	45	14.7	2	6.5
Material 3: Village preparedness	46	14.9	2	6.5
Material 4: Community empowerment	80	26.0	3	9.6
Material 5: Spiritual approach	75	24.5	9	29.0
Total	307	100	31	100

Books/training modules

As an effort to avoid missing messages due to the uncertainty of the duration of the video watched from the beginning to an end, training materials are also provided in the form of books/modules. The module is entitled “Module of Covid-19 Prevention Training for Health Cadres” with a total of 54 pages with ISBN number 978-979-796-525-9. This module has also received a copyright certificate from the Ministry of Law and Human Rights with registration number: EC00202034636, 21 September 2020; Registration number: 000204548; 2020.

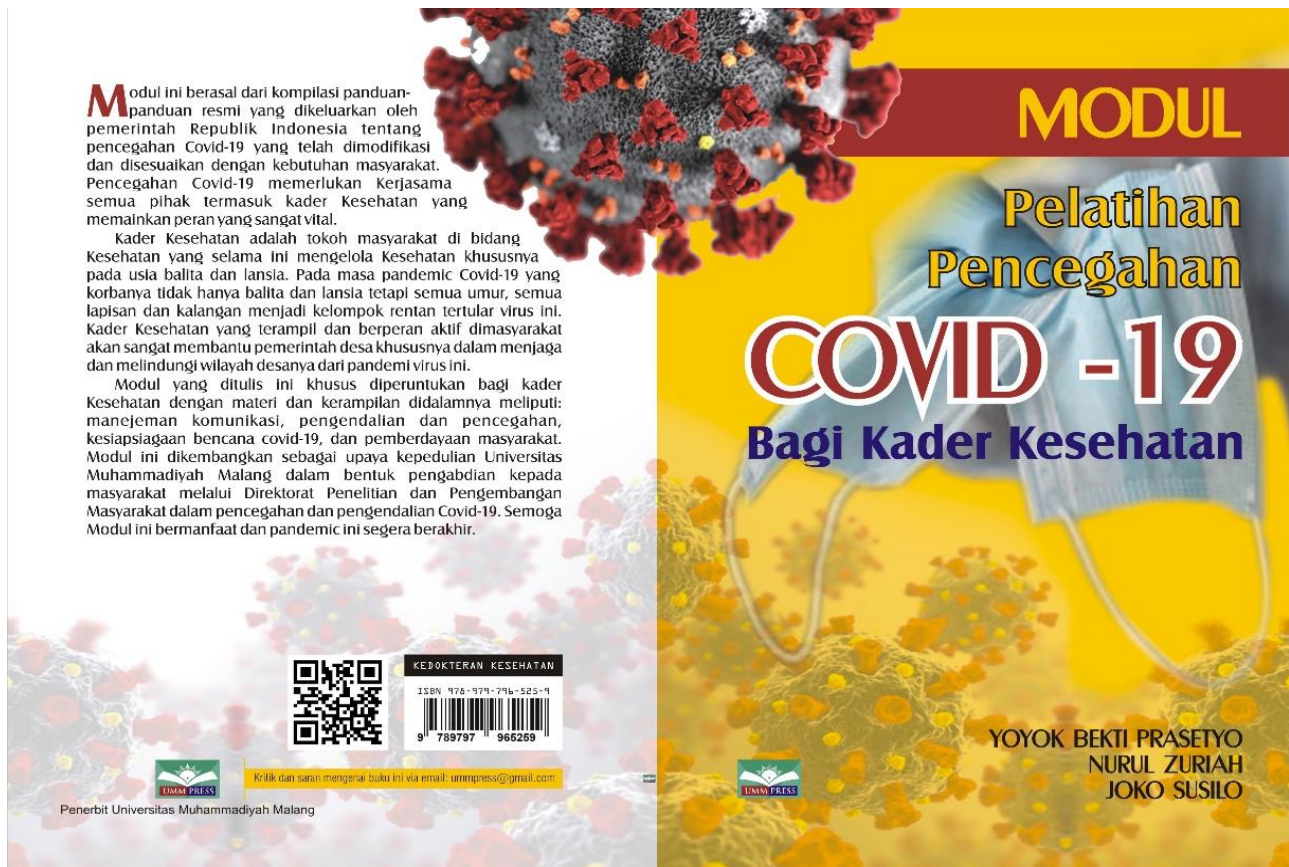


Figure 2. Module of Covid-19 prevention training for health cadres

Participants in the overnight online training process were able to combine the provided media, both viewing videos and reading training books/modules. The training module is written in simple language and assisted by visualization in the form of images. It aims the module can be easily understood by the trainees. Understanding related to the training material was measured by a questionnaire measuring 2 times before and after the training. There are 11 questions in the questionnaire including: communication with COVID-19 patients, symptoms of COVID-19, modes of transmission, places of isolation, self-isolation, COVID-19 response villages, health checks, community empowerment, cadre duties, spirituality, lockdown policies. The results of measurements before and after training can be seen in Table 3.

Table 3. Evaluation results before and after training health cadres through online platforms

Questions Items	Before		After	
	Score	%	Score	%
Communication with COVID-19 patient	10	100	10	100
Symptom of COVID-19	10	100	10	100
Transmission way	10	100	10	100
Isolation place	10	100	10	100
Self-isolation	10	100	10	100
COVID-19 response village	10	100	10	100
Health checks	10	100	10	100
Community empowerment	10	100	10	100
Cadres duties	10	100	10	100
Prayers during COVID-19 pandemic	10	100	10	100
Lockdown policies	10	100	10	100

From Table 3, it can be seen that there is no difference in scores before and after training. This shows that the use of good media with a combination of modules and videos is maximal in providing knowledge to participants. While the weakness is the accuracy and honesty of participants in filling out the questionnaire between before and after the training. Our online training model cannot control the existing situation and conditions, including during the evaluation.

Constraints in this training, as shown in table 3 above, the results of the pre- and post-training assessments were the same for all cadres. This is very subjective and difficult to control by the service staff because of the lack of supervision during pre and post-tests. Another obstacle is the lack of 2-way interaction because the service is very limited in using online platforms, for example using zoom or G-Meet. This is due to the limited facilities and infrastructure of health cadres.

Training of health cadres on the prevention and control of COVID-19 is a strategic service program to carry out. Health cadres are non-medical elements of society who are the front-line in efforts to prevent and control COVID-19 (Nyashanu et al., 2020; Prescott et al., 2020). Health cadres who have good knowledge capacity will greatly assist the village government in controlling COVID-19.

This was also confirmed by the Head of Pujon Kidul Village and the coordinator of health cadres. There is 1 health cadre who does not have a cellphone. Making training videos is an alternative in this community service program. In this pandemic condition, there are various ways and methods that can still be done, even with the existing limitations. The spirit to serve and empower the community, multi-sectoral collaboration is one of the keys in efforts to prevent and control COVID-19.

CONCLUSION

Knowledge of health cadres related to COVID-19 is considered very good after receiving online training. The health cadres who are good in knowledge capacity will greatly assist the village government in controlling the COVID-19.

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